



Graduate Student Information Form

Date: _____

Name: _____
Last/Family First MI

Sex: ☐ Male ☐ Female

Student Number: _____

LSU Email: _____

Citizenship: ☐ U.S. ☐ Other _____ Permanent US Resident: ☐ Yes ☐ No

Baton Rouge Address: _____

_____ Phone Number: _____

Campus Office Room Number & Building: _____ Office Phone Number: _____

Please check one of the following:

- ☐ Black, Non-Hispanic ☐ White, Non-Hispanic ☐ Hispanic
☐ Native American / Alaskan Native ☐ Asian or Pacific Islander ☐ India

Starting/Entry semester _____ Estimated Graduation Date: _____

Name of Faculty Advisor: _____

Student Status: ☐ Full Time ☐ Part Time

Degree Program: ☐ MS PETE (thesis) ☐ MS PETE (non-thesis) ☐ MS Other: _____
☐ PHD PETE (thesis) ☐ PHD PETE (non-thesis) ☐ PHD Other: _____

If you are a graduate assistant check one of the following:

- ☐ Research Assistant ☐ Teaching Assistant ☐ Other (EDA, Supplement or Enhancement)
☐ Self-Funded

Name, address, and your relationship of a local person to be notified in case of an emergency:

Notes:

